PATENT APPLICATION FEE DETERMINATION RE Effective December 8, 2004								ORD	Application or Docket Number			
								·	16	54	6404	9
CLAIMS AS FILED - PART I								SMALL EN		OR	OTHER SMALL I	
U.S	. NATIONAL	STAGE FEES	(Column 1)		<u>'</u>	(Column 2)	1	RATE	FEE	7	RATE	FEE
-	SIC FEE		SMALL ENT. • \$ 150		LAR	GE ENT. = \$ 500		BASIC FEE		OR	BASIC FEE	300
			Satisfies PCT Article 33(1)-			ther situations =				∤ ∽		<u> </u>
EXAMINATION FEE			(4) = \$50/\$100 U.S. is ISA = \$50/\$100			100 / \$ 200		EXAM. FEE	<u> </u>	ł	EXAM. FEE	200
SEA	RCH FEE	• •	ALL other countries = \$200 / \$400			her situations = 3 250 / \$ 500		SEARCH FEE			SEARCH FEE	400
FEE	FOR EXTRA	SPEC. PGS.	minus 100 =			/50=		X \$ 125 =			X \$ 250 =	./
τοτ	AL CHARGEA	BLE CLAIMS	(% minus 20 =		•			X \$ 25 =		OR	X \$ 50 =	
IND	EPENDENT C	LAIMS	3.	rinus 3 =	•			X \$ 100 =		OR	X \$ 200 =	
MULTIPLE DEPENDENT CLAIM PRESENT							+\$180=		OR	+ \$ 360 =		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	900
CLAIMS AS AMENDED - PART II -/0-07 (Column 1) (Column 2) (Column 3)								SMALL E	OTHER THAN MALL ENTITY OR SMALL ENTITY			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	15	Minus'	- 2	0	-		X \$ 25 =		OR	X \$ 50 =	
	Independent	• 3	Minus	***	3	-		X \$ 100 =		ÖR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+\$ 180 =		OR	. + \$ 360 =	
19,23,32,							_	TOTAL ADDIT. FEE		QR.	TOTAL ADDIT. FEE	. \
	• ,	(Column 1)		(Colum	·- 2\	(Column 3)						· .
	٠	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID F	EST VER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	<i>:</i>	RATE	ADDI- TIONAL FEE
	Total	•	Minus .	••		-	Ī	X \$ 25 =		OR	X \$ 50 =	
	Independent	•	Minus .	***	<u></u>	2	Ì	X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ľ	+ \$ 180 =		OR	+ \$ 360 =	
								TOTAL ADDIT. FEE	·	OR	TOTAL ADDIT.	
		•	•								· 	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".												
•	The "Highest Nur	mber Previously Paid	For" (Total or Ind	ependent) is	the high	nest number found l	n the	appropriate box	in column 1.			

FORM PTO-875 (Ray, 02/2005)

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